

# Insurance Company Annual Return for SBT and Retaliatory Tax

Issued under P.A. 228 of 1975, as amended. Filing is mandatory.

Check appropriate box.  
☐ This is an original return  
☐ This is an amended return

|                       |                          |  |  |
|-----------------------|--------------------------|--|--|
| 1. Company Name       |                          | 2. Federal Employer ID No. or TR No.                               |  |
| Address (No., Street) |                          | 3. Insurer Type (Check one)  |  |
| City, State, ZIP      |                          | <input type="checkbox"/> Foreign <input type="checkbox"/> Domestic |  |
| Contact Person        | Contact Person Phone No. | 4. State of Incorporation (2 letters)                              |  |

## ADJUSTED RECEIPTS

5. Enter the amount of the total company adjusted receipts for calendar year 2002 ..... 5. \_\_\_\_\_

## APPORTIONMENT

6. Enter Michigan gross direct premiums ..... 6. \_\_\_\_\_  
7. Enter total gross direct premiums everywhere ..... 7. \_\_\_\_\_  
8. Michigan apportionment percentage. Divide line 6 by line 7 ..... 8. \_\_\_\_\_ %  
9. Apportioned Tax Base. Multiply line 5 by line 8 ..... 9. \_\_\_\_\_

## DISABILITY INSURANCE EXEMPTION

10. Enter the disability insurance premiums written in Michigan, not including credit insurance or disability income, OR \$130,000,000, whichever is smaller ..... 10. \_\_\_\_\_  
11. Enter total gross direct premiums from all lines of insurance carrier services everywhere ..... 11. \_\_\_\_\_  
- \$180,000,000  
12. Subtract \$180,000,000. If less than zero, enter zero ..... 12. \_\_\_\_\_  
13. Exemption reduction. Multiply line 12 by 2 ..... 13. \_\_\_\_\_  
14. Allowable exemption. Subtract line 13 from line 10. This amount can't be less than zero. .... 14. \_\_\_\_\_  
15. ADJUSTED TAX BASE. Subtract line 14 from line 9 ..... 15. \_\_\_\_\_  
16. TAX BEFORE CREDITS. Multiply line 15 by 1.0735% (.010735) ..... 16. \_\_\_\_\_

## CREDITS

17. Enter amounts paid from 1/1/2001 to 12/31/2001 to each of the following:  
a. Michigan Workers' Compensation Placement Facility ..... 17a. \_\_\_\_\_  
b. Michigan Basic Property Insurance Association ..... 17b. \_\_\_\_\_  
c. Michigan Automobile Insurance Placement Facility ..... 17c. \_\_\_\_\_  
d. Property and Casualty Guaranty Association ..... 17d. \_\_\_\_\_  
e. Life and Health Guaranty Association ..... 17e. \_\_\_\_\_  
18. Add lines 17a through 17e ..... 18. \_\_\_\_\_  
19. This year's credit is 100%. Carry the amount from line 18 here ..... 19. \_\_\_\_\_  
20. Michigan Regulatory Fees Credit ..... x 50% ..... 20. \_\_\_\_\_  
21. Add lines 19 and 20 ..... 21. \_\_\_\_\_  
22. Subtract line 21 from line 16. If less than zero, enter zero ..... 22. \_\_\_\_\_  
23a. Contributions to **COMMUNITY FOUNDATIONS** ..... 23a. \_\_\_\_\_  
b. **CREDIT**. Enter the smaller of 50% of line 23a, \$5,000 or 5% of the tax on line 16 ..... 23b. \_\_\_\_\_  
c. Enter the **code** for the foundation contributed to here. See inst. .... 23c.   
24. Subtract line 23b from line 22 ..... 24. \_\_\_\_\_  
25a. Contributions to **HOMELESS SHELTER/FOOD BANKS** ..... 25a. \_\_\_\_\_  
b. **CREDIT**. Enter the smaller of 50% of line 25a, \$5,000 or 5% of the tax on line 16 ..... 25b. \_\_\_\_\_  
26. Subtract line 25b from line 24 ..... 26. \_\_\_\_\_  
27a. Contributions to **COLLEGES AND PUBLIC LIBRARIES** ..... 27a. \_\_\_\_\_  
b. **CREDIT**. Enter the smaller of 50% of line 27a, \$5,000 or 5% of the tax on line 26 ..... 27b. \_\_\_\_\_  
28. Subtract line 27b from line 26 ..... 28. \_\_\_\_\_  
29. Nonrefundable credits from C-8000MC, line 75. See instructions. .... 29. \_\_\_\_\_  
30. **TAX AFTER CREDITS**. Subtract line 29 from line 28 ..... 30. \_\_\_\_\_

Domestic insurers go to page 2, line 47. Foreign and alien insurers go to page 2, line 31.

## PAYMENT

61. Write the amount entered on page 2, line 57 ..... **PAY THIS AMOUNT** ..... 61. \_\_\_\_\_

Attach check here

| SIGNATURE AND PREPARER AUTHORIZATION  |  |   |      |
|---|--|---|------|
| <b>TAXPAYER'S DECLARATION</b><br>I declare under penalty of perjury that this return is true and correct to the best of my knowledge.<br><br>I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>PREPARER'S DECLARATION</b><br>I declare under penalty of perjury that this return is based on all information of which I have any knowledge. |      |
|   |  | Taxpayer's Signature  | Date |
| Taxpayer's Signature  |  | Business Address and Telephone  |      |
| Title   |  |   |      |